

OCT 25 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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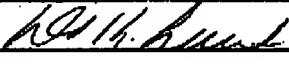
(To be used for all correspondence after initial filing)

|  |   |                        |                |
|--|---|------------------------|----------------|
|  |   | Application Number     | 09/896,792     |
|  |   | Filing Date            | June 28, 2001  |
|  |   | First Named Inventor   | Xiong Liu      |
|  |   | Art Unit               | 2651           |
|  |   | Examiner Name          | Andrew Sniezek |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | STL9862        |

**ENCLOSURES (Check all that apply)**

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form  | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
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| <input type="checkbox"/> <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
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| <input type="checkbox"/> Express Abandonment Request   | <input type="checkbox"/> Terminal Disclaimer                              | <input type="checkbox"/> Form PTO/SB/47   |
| <input type="checkbox"/> Information Disclosure Statement  | <input type="checkbox"/> Request for Refund                               |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                                    | <input type="checkbox"/> CD, Number of CD(s) _____                        |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application                            | <input type="checkbox"/> Landscape Table on CD                            |   |
| <input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |
| Remarks  |   |   |

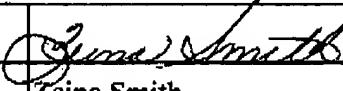
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Seagate Technology LLC  |          |        |
| Signature    |  |          |        |
| Printed name | David K. Luente   |          |        |
| Date         | 10/24/05  | Reg. No. | 36,202 |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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PTO/SB/47 (04-05)

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Request for Customer Number (PTO/SB/125) attached hereto  
in the following listed application(s) for which the Issue Fee has been paid for patent(s).

| PATENT NUMBER<br>(if known) | APPLICATION NUMBER |
|-----------------------------|--------------------|
| 6,954,325                   | 09/896,792         |

Completed by (check one):

Applicant/Inventor



Signature

Attorney or Agent of record 36,202  
(Reg. No.)

David K. Lucente

Typed or printed name

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed.  
(Form PTO/SB/96)

720-684-2295

Requester's telephone number

Assignee recorded at Reel Frame

10/24/05

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\* Total of        forms are submitted.

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